

The right to be pain free

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_**Pain is defined by** the World Health Organization (WHO) as "an unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in terms of such damage."

While recognising its existence, what the WHO doesn't mention is that pain is, of course, entirely subjective, which is one of the reasons that it is such a challenge and a major global public health issue. We probably know far more about pain and its treatment than ever before, yet there is a disconnect between having that knowledge and using it to treat and manage pain.

I believe passionately that dental professionals in general, and endodontists in particular, should commit to the right of every patient to be free of pain and, through our work as compassionate professionals, to understanding acute pain management, if we are to provide real health and emotional benefits for our patients.

During the 2010–11 "Global Year Against Acute Pain", the International Association for the Study of Pain published a paper that points to inadequate education of health-care practitioners as one of the

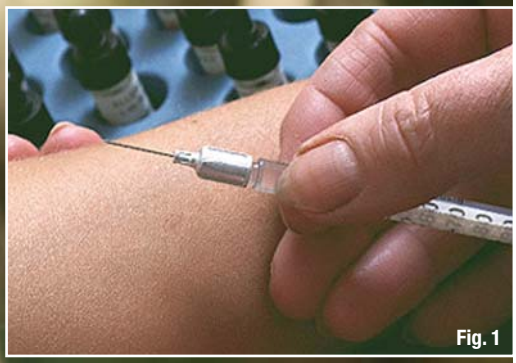


Fig. 1

Fig. 2

Fig. 1_By understanding the use of anaesthetics and analgesics, dental staff are better placed to offer information and help to their patients.
Fig. 2_Every patient has the right to be pain free.

main reasons for underestimating the seriousness of, and failing to recognise treatment options for, acute pain.

It is clear therefore that, despite huge advances in a vast array of sophisticated medical and non-clinical treatment options, we are part of the problem so we must become part of the solution.

By increasing our own awareness and understanding of the issues surrounding the assessment and treatment of acute pain, we can, in turn, help educate our colleagues in the use of anaesthetics and analgesics so they are better placed to offer information and help to their patients, many of whom are reluctant to use painkillers for fear of unpleasant side-effects or even, addiction.

Pain is both physical and emotional, which is the reason that it is fundamentally important to recognise that it is subjective and that different people will have different pain thresholds and, indeed, vastly different capacity to deal with it. Interestingly, the Australian and New Zealand College of Anaesthetists puts at the very top of its list in a statement on Patients' Rights to Pain Management : "The right to be believed, recognising that pain is a personal experience and that there is a great variability among people in their response to different situations causing pain."

Acute pain is the awareness of noxious signals from damaged tissue and is complicated not only by sensitisation in the periphery but also by changes in the central nervous system. A person's emotional state can often have a significant influence on pain and increase the level of distress and impact on quality of life. Pain is hugely debilitating and makes life extremely miserable for millions of people every day, and there are many underlying cultural, economic and social reasons that should also be taken into consideration.

I firmly believe that the dental profession must work with the government, policymakers and campaigners to ensure that every patient has access to pain-free dentistry. In some cases, this will mean that NHS patients will receive treatment from private dental specialists, an issue raised by the Steele report, which suggests that poorer patients are forced to settle for extractions and dentures rather than tooth preservation, with root-canal treatments the preserve of the rich.

While there is no legally enshrined right to be pain free, there are those who believe that the internationally established and recognised rights to health include that by implication and inference. We can at least encourage greater awareness, better education and knowledge sharing, as well as raising patient expectations to be pain free._



Dr Michael Sultan (BDS, MSc, DFO, FICD) is a specialist in endodontics and the Clinical Director of EndoCare, a group of specialist practices. Michael qualified at University of Bristol in 1986. He worked as a general dental practitioner for five years before commencing specialist studies at Guy's Hospital, London. He completed his MSc in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St., London, in 2000. He was admitted to the specialist register in endodontics in 1999 and has lectured extensively to postgraduate dental groups, as well as presented endodontic courses at the Eastman Dental Institute's CPD department, University of London. He has been involved in numerous dental groups and has been chairperson of the Alpha Omega International Dental Fraternity. In 2008, he became clinical director of EndoCare.